

**Three Rivers Waldorf School
2011-2012 Aftercare Program Guidelines and Agreement**

Three Rivers Waldorf School Aftercare is offered as a service for our families. The program will provide a safe and nurturing environment where the tone and rhythm of the program will complement the school day.

REGULARLY SCHEDULED CARE

Regularly scheduled care is for children that are in aftercare 3-5 times weekly.

Full Time Rates (5 days per week) \$185/mo 1st child; \$165/mo 2nd child

Part Time Rates (3 days per week) \$135/mo 1st child; \$120/mo 2nd child

Rates will likely change early in the 2011-12 school year. Notices will be sent to those utilizing this program.

Regularly scheduled aftercare fees must be paid in advance monthly by the 5th. Fees are established based on schedule, not attendance. This is a flat monthly fee with no credit for time off, holidays, or vacations. No payment is due for August. Notice is required by the 1st of the month for any changes or withdrawals, which affect the number of days that a child will attend the Three Rivers Waldorf School Aftercare Program. Changes must be submitted in writing to the office.

Child's Name _____ (circle) M T W Th F \$ _____/mo
Child's Name _____ (circle) M T W Th F \$ _____/mo
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Child's Name _____ (circle) M T W Th F \$ _____/mo

PAYMENT Method:

____ I would like \$ _____ to be added to my FACTS payment plan each month.

____ I will pay \$ _____ in advance each month by _____.

____ I prefer a bi-weekly invoice for drop in care.

DROP-IN CARE

Drop-in care is care that is requested by the end of the previous week. It is available only when space is available, on a first-come, first-served basis.

____ **Pre-Paid Drop-In Care** Hourly punch cards can be purchased for \$6/hr (hourly units only). Unused hours (at the end of the year) will not be reimbursed. Notice for Pre-paid drop-in care must be called in by 2:45 pm.

Non Pre-Paid Care Aftercare that is not pre-paid *and/or* not called in by 2:45 pm will be charged at \$10/hr (hourly units only) to cover administrative costs and will be billed through family mail boxes *bi-weekly*. Aftercare use will be suspended for any amounts past due over 30 days.

Parent Signature _____ **Date** _____